

DEPARTMENT OF HEALTH SERVICES

714 / 744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 654-0499



September 28, 2000

N.L.: 08-0900

Index: Benefits

TO: COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL DIRECTORS, AND MEDICAL
CONSULTANTS, AND STATE CHILDREN'S MEDICAL SERVICES
(CMS) BRANCH STAFF

SUBJECT: CCS SPECIAL CARE CENTER (SCC) SERVICES

Background

The CCS program has a system of SCC's to provide comprehensive, coordinated health care to children with complex, handicapping medical conditions. SCC's are multi-disciplinary, multi-specialty teams that evaluate the child's medical condition and develop a comprehensive, family centered plan of healthcare that facilitates the provision of timely, coordinated treatment. CCS-approved SCC's are located throughout the State, usually in conjunction with CCS approved tertiary level medical centers. Each SCC has been individually reviewed by the CCS program to ensure that it complies with CCS program standards before being approved.

In the past CCS SCC services were not benefits of the Medi-Cal program. When CCS authorized these services for Medi-Cal eligible children with CCS-eligible medical conditions, SCC providers were directed to bill CCS for reimbursement using a "CGP" provider number. These claims were adjudicated with no Medi-Cal financial participation.

Medi-Cal will now provide reimbursement for most SCC services as Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Supplemental Services for CCS/Medi-Cal-eligible children. However, certain SCC services will continue to be reimbursed only by CCS for both CCS-only and CCS/Medi-Cal-eligible children.

II Policy

A. Effective the date of this letter:

- The CCS program shall authorize SCC services for all CCS eligible clients who are required by CCS program policy to receive care through CCS approved outpatient special care centers.
- These services shall be authorized as EPSDT Supplemental Services for CCS/Medi-Cal-eligible (full scope, no share of cost) children and as CCS benefits for all other CCS-eligible children.
- **Requests for authorization of SCC services for CCS/Medi-Cal-eligible children do not need to be submitted to the CMS Branch EPSDT Supplemental Services Coordinator for review and approval.**
- As these SCC services are now Medi-Cal EPSDT Supplemental Services benefits, there is no longer a requirement that families of CCS/Medi-Cal-eligible (full scope, no share of cost) children sign a Program Services Agreement (PSA) prior to the CCS program's authorization of SCC services.

B. The following new Health Care Financing Administration Common Procedure Coding System (HCPCS) Level III codes for CCS SCC services, payable by Medi-Cal as EPSDT Supplemental Services for CCS/Medi-Cal-eligible children or by CCS for CCS-eligible children who are not eligible for Medi-Cal, are effective for dates of service on or after the date of this letter:

- | | |
|---------|---|
| Z4300 * | Center Coordinator, Allied Healthcare Professionals
(Comprehensive team case conference coordinator : nurse specialist, social worker, registered dietitian, and other allied healthcare professionals) |
| Z4301 | Assessment, Evaluation, and/or Intervention, Nurse Specialist |

- Z4302 * Case Conference, Other Allied Healthcare Professionals (Comprehensive team case conference **participants**)
- Z4303 CCS Required Report of Status of Patient with Complex Medical Condition, Periodic Intermediate Level Report
- Z4304 CCS Required Report of Status of Patient with Complex Medical Condition, Periodic Extensive, Comprehensive Level Report
- Z4305 Center Coordinator, Physician (Comprehensive team case conference **coordinator**)
- Z4306 ** Medical Case Conference, Physician or Dentist (Comprehensive team case conference **participant**)
- Z4307 Assessment, Evaluation, and/or Intervention, Medical Social Worker
- Z4308 Assessment, Evaluation, and/or Intervention, Registered Dietitian
- Z4310 Case Conference, Nurse Specialist (Comprehensive team case conference **participant**)
- Z4311 Case Conference, Medical Social Worker (Comprehensive team case conference **participant**)
- Z4312 Case Conference, Registered Dietitian (Comprehensive team case conference **participant**)
- Z4313 Group Teaching, Counseling, and Support, Physician
- Z4314 * Group teaching, Counseling and Support, Other Allied Healthcare Professionals (nurse specialist, social worker, registered dietitian, or other allied healthcare professionals)

Z4315 Physician/Parent Conference

- * For the purposes of this numbered letter "other allied healthcare professionals" refers to physical therapists, occupational therapists, audiologists, and speech therapists/pathologists unless otherwise specified.
- ** Instructions for claiming Medi-Cal reimbursement for procedure code Z4306 for services delivered to CCS/Medi-Cal-eligible children by Dentists are being developed and will be distributed under separate cover. Until this advice is available, this procedure will be payable to dentists only by the CCS program for both CCS/Medi-Cal-eligible children and CCS-only children and must be billed by dentists with a "CGP" provider number.

C. The following HCPCS Level III codes for "CCS Unique Services," payable only by the CCS program for both CCS/Medi-Cal children and CCS-only children, will no longer be utilized:

Z5400	Allied Professional – Coordinator
Z5402	Allied Professional NEC – Visit
Z5404	Allied Professional NEC – Case Conference
Z5426	Periodic Multiple Chart Review
Z5427	Comprehensive In-Depth Chart Review
Z5428	Coordinator/Medical
Z5434	Case Conference/Medical
Z5436	Case Conference/Medical

Claims with these procedures codes with dates of service on or after January 1, 2001, will be denied.

- D. The following HCPCS Level III codes for "CCS Unique Services," utilized for CCS SCC services, and payable only by the CCS program for both CCS/Medi-Cal children and CCS-only children when billed with a "CGP" provider number, will remain in effect:

Z5406 Telephone Consultation/Allied Healthcare Professional

Z5432 Telephone Consultation/Medical

III. Implementation

A. Referral of Children to a SCC

CCS children shall be referred to the appropriate CCS-approved SCC for evaluation, medical management and coordination of care when the child has or is suspected of having a CCS medically eligible condition requiring SCC evaluation and follow-up. These conditions include, but are not limited to:

- complex congenital heart disease
- inherited metabolic disorders
- chronic renal disease
- chronic lung disease
- malignant neoplasms
- hemophilia and coagulopathies
- sickle cell and other hemoglobinopathies
- craniofacial anomalies
- myelomeningocele
- endocrine disorders including diabetes
- HIV infection

- hearing loss

B. Authorization of CCS SCC Services

1. A CCS SCC authorization is to be issued to the Medical Director of the SCC. The authorization is to be sent to the individual designated in the SCC center directory to receive authorizations. This designated individual is responsible for providing copies of the authorization to all appropriate SCC team member(s) or consultant(s) involved in the CCS child's SCC care and to the administrative entity that provides billing services for the SCC.
2. A time limited (e.g., three months) "diagnostic" authorization can be issued to a SCC to establish or rule out a CCS medically eligible condition for a child who is potentially CCS medically eligible when there is medical documentation that there is a suspected CCS medically eligible condition and one or more of the following apply:
 - There is a signed CCS application for the child.
 - The child is a full scope, no share of cost Medi-Cal beneficiary.
 - The child is enrolled in a Healthy Families health plan.
3. An authorization for treatment of the child's confirmed CCS-medically eligible condition can be issued to a SCC when there is medical documentation of a CCS medically eligible condition requiring care under the supervision of a CCS approved SCC and one or more of the following apply:
 - The child's parent or legal guardian has completed all CCS program requirements for the determination of residential and financial eligibility.
 - The child is a full scope, no share of cost Medi-Cal beneficiary.
 - The child is enrolled in a Healthy Families health plan.

4. Each SCC treatment authorization must have a beginning and end date and conform to CCS program policy for authorization of medically necessary services.
5. A CCS authorization for SCC treatment services covers the following:
 - a. All SCC codes for services, as described in II, B and D, such as:
 - Initial and periodic comprehensive outpatient team evaluations and case conferences by CCS-paneled SCC core team member(s) and other specialty consultants listed in the SCC directory. These evaluations/case conferences must be provided at least once every 12 months or more frequently as medically necessary for the complexity of the child's medical condition.
 - Initial and repeat assessments, evaluations, and interventions by core team healthcare professional(s) listed in the SCC directory when determined to be medically necessary by the SCC core team physician(s). These services may be provided for the child in preparation for the comprehensive team case conference or for other medically necessary interventions.
 - b. Medically necessary outpatient healthcare services related to the management of the child's CCS-eligible medical condition, except those requiring specific prior authorization in accordance with CCS program policy (e.g., pulmozyme, growth hormone), when prescribed or provided by a CCS-paneled team physician listed in the SCC directory.
 - c. Outpatient laboratory and/or radiology services related to the child's CCS-eligible medical condition, except those requiring specific prior authorization in accordance with CCS program policy (e.g., MRI, PET scan), when ordered by a SCC core team physician.

6. Medically necessary healthcare services not covered by the SCC treatment authorization cited in III.B.5 require separate requests for

each service and separate service authorizations. Examples of such services include:

- Services provided by a healthcare provider not listed as a core team member, specialty consultant, or other healthcare professional in the CCS SCC directory.
- Organ transplants.
- Surgical procedures (done on either an inpatient or outpatient basis).
- Durable Medical Equipment (e.g., wheel chairs, orthotics, prosthetics)
- Medical supplies
- Drugs and diagnostic studies requiring specific prior authorizations (e.g., growth hormone, MRI's)
- Inpatient hospital admissions.

C CCS SCC Provider Reimbursement

CCS SCC services are reimbursable only to CCS approved SCC providers listed in the directory of the SCC authorized to provide services to the CCS eligible child. Providers rendering CCS SCC services to CCS/Medi-Cal-eligible children must be enrolled as Medi-Cal providers. They also must also be enrolled as CCS "CGP" providers in order to bill for services provided to CCS-only children and for services that are not Medi-Cal benefits.

D. Claims Processing

1 Services to **Medi-Cal eligible children**

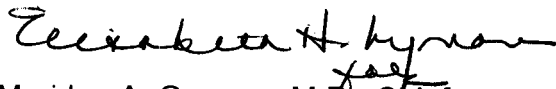
- a. SCC codes cited in II.B, above, (EPSDT Supplemental Services)
 - 1) These services **MUST** be authorized as EPSDT Supplemental Services by either an independent CCS County Program or a State CMS Regional Office.
 - 2) Claims for these services must be processed as specified in Numbered Letter 05-0896 (e.g., a TAR number entered on the claims for these services must contain 10 zeros plus a "4".)
 - 3) If a report is required as specified in the enclosures, it must be attached to the claim.
- b. SCC codes cited in II. D. above (CCS-only benefits)
 - 1) As these codes are not benefits of the Medi-Cal program, they must be reimbursed out of state/county funds.
 - 2) Authorizations must indicate to the SCCs that these codes are to be billed on a separate claim form using a "CGP" provider number.
 - 3) For counties whose claims are adjudicated by EDS, claims for these codes should be processed as specified in Numbered Letter 05-0896.
 - 4) For counties adjudicating their own claims, reimbursement for these codes shall be in accordance with the rates indicated in the enclosures.

2 Services to **CCS-only children**

- a. For counties whose claims are adjudicated by EDS, claims should be processed as specified in Numbered Letter 05-0896.
- b. For counties adjudicating their own CCS-only claims pending conversion of claims processing to EDS, reimbursement for CCS SCC services shall be in accordance with the rates indicated in the Enclosures.
- c. If a report is required as specified in the enclosures, it must be attached to the claim.

The Children's Medical Services (CMS) Branch is separately notifying the CCS SCC's of the new codes for SCC services and the associated policy changes. This notification includes a table linking the new SCC procedure codes to the discontinued SSC procedure codes, an explanation of the new SCC procedure codes, and billing guidelines for providers on the appropriate utilization of the CCS SCC procedure codes for claiming reimbursement for SCC services. These guidance documents are enclosed to assist you in the implementation of the policies and procedures set forth in this numbered letter.

If you have any questions, please contact your designated CMS regional office consultant or the CMS Provider Services Unit.



Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

**CCS OUTPATIENT CODES FOR
SPECIAL CARE CENTERS
HEALTH CARE PROVIDER: PHYSICIAN**

TYPE OF SERVICE (PER CLIENT)	PROCEDURE CODE	RATE	FREQUENCY LIMITS		REPORT REQUIRED	CLIENT CHART DOCUMENTATION	BILLING WITH PROVIDER NUMBER (TYPE)	
			# OF UNITS PER DAY	# OF DAYS PER YEAR			CCS/ MEDI-CAL BENEFICIARY	CCS-ONLY BENEFICIARY
CCS Required Report of Status of Patient with Complex Medical Condition, Periodic Intermediate Level Report	Z4303	\$30.00 per report	1	12	X		Medi-Cal	CGP
CCS Required Report of Status of Patient with Complex Medical Condition, Extensive, Comprehensive Level Report	Z4304	\$54.00 per report	1	12	X		Medi-Cal	CGP
Comprehensive Team Case Conference, <u>Coordinator</u> , Physician	Z4305 *	\$63.00 per case conference	1	12	X		Medi-Cal	CGP
Comprehensive Team Case Conference, <u>Participant</u> , Physician	Z4306 *	\$31.50 per half hour	4	12		X ***	Medi-Cal	CGP
Comprehensive Team Case Conference, <u>Participant</u> , Dentist	Z4306 * **	\$31.50 per half hour	4	12		X ***	CGP	CGP
Group Teaching, Counseling, and Support, Physician	Z4313	\$28.80 per session	1	12		X ***	Medi-Cal	CGP
Physician/Family Conference	Z4315 *	\$31.50 per half hour	4	12	X		Medi-Cal	CGP
Telephone Consultation, Physician	Z5432	\$35.00 per half hour	1	12		X ***	CGP	CGP

Assessments, evaluations and/or interventions performed by physician(s) should be billed utilizing the usual and customary Evaluation and Management CPT codes.

The rates cited for procedure codes Z4305, Z4306, and Z4315 do not include the 2000 Budget Act CCS physician rate increase.

Instructions for claiming Medi-Cal reimbursement for procedure code Z4306 for services delivered to CCS/Medi-Cal-eligible children by Dentists are being developed. Until advice is available, this procedure will be payable to Dentists only by the CCS program for both CCS/Medi-Cal-eligible children and CCS-only children and must be billed with a "CGP" provider number.

*** Upon request, client chart documentation must be submitted to the CCS county or CMS Regional office.

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**CCS OUTPATIENT CODES FOR
SPECIAL CARE CENTERS
HEALTH CARE PROVIDER: NURSE SPECIALIST**

TYPE OF SERVICE (PER CLIENT)	PROCEDURE CODE	RATE	FREQUENCY LIMITS		REPORT REQUIRED	CLIENT CHART DOCUMENTATION	BILLING WITH PROVIDER NUMBER (TYPE)	
			# OF UNITS PER DAY	# OF DAYS PER YEAR			CCS/ MEDI-CAL BENEFICIARY	CCS-ONLY BENEFICIARY
Comprehensive Team Case Conference, Coordinator , Non-Physician	Z4300	\$72.00 per case conference	1	12	X		Medi-Cal	CGP
Assessment, Evaluation, and/or Intervention, Nurse Specialist	Z4301	\$16.80 per half hour	6	12	X		Medi-Cal	CGP
CCS Required Report of Status of Patient with Complex Medical Condition, Periodic Intermediate Level Report	Z4303	\$30.00 per report or review	1	12	X		Medi-Cal	CGP
CCS Required Report of Status of Patient with Complex Medical Condition, Extensive, Comprehensive Level Report	Z4304	\$54.00 per report	1	12	X		Medi-Cal	CGP
Comprehensive Team Case Conference, Participant , Nurse Specialist	Z4310	\$8.40 per quarter hour	2	12		X ***	Medi-Cal	CGP
Group Teaching, Counseling and Support, Allied Healthcare Professionals	Z4314	\$13.37 per session	1	12		X ***	Medi-Cal	CGP
Telephone Consultation, Allied Healthcare Professionals	Z5406	\$8.40 per quarter hour	3	12		X ***	CGP	CGP

"Other Allied Healthcare Professionals" refers to physical therapists, occupational therapists, speech therapists/pathologists, and audiologists, unless otherwise specified.

*** Upon request, client chart documentation must be submitted to the CCS county or CMS Regional office.

**CCS OUTPATIENT CODES FOR
SPECIAL CARE CENTERS
HEALTH CARE PROVIDER: SOCIAL WORKER**

TYPE OF SERVICE (PER CLIENT)	PROCEDURE CODE	RATE	FREQUENCY LIMITS		REPORT REQUIRED	CLIENT CHART DOCUMENTATION	BILLING WITH PROVIDER NUMBER (TYPE)	
			# OF UNITS PER DAY	# OF DAYS PER YEAR			CCS/ MEDI-CAL BENEFICIARY	CCS-ONLY BENEFICIARY
Comprehensive Team Case Conference, Coordinator , Non-Physician	Z4300	\$72.00 per case conference	1	12	X		Medi-Cal	CGP
Assessment, Evaluation, and/or Intervention, Medical Social Worker	Z4307	\$16.80 per half hour	4	12	X		Medi-Cal	CGP
Comprehensive Team Case Conference, Participant , Medical Social Worker	Z4311	\$8.40 per quarter hour	2	12		X ***	Medi-Cal	CGP
Group Teaching, Counseling and Support, Allied Healthcare Professionals	Z4314	\$13.37 per session	1	12		X ***	Medi-Cal	CGP
Telephone Consultation, Allied Healthcare Professionals	Z5406	\$8.40 per quarter hour	3	12		X ***	CGP	CGP

"Other Allied Healthcare Professionals" refers to physical therapists, occupational therapists, speech therapists/pathologists, and audiologists, unless otherwise specified.

*** Upon request, client chart documentation must be submitted to the CCS county or CMS Regional office.

**CCS OUTPATIENT CODES FOR
SPECIAL CARE CENTERS
HEALTH CARE PROVIDER: REGISTERED DIETITIAN**

TYPE OF SERVICE (PER CLIENT)	PROCEDURE CODE	RATE	FREQUENCY LIMITS		REPORT REQUIRED	CLIENT CHART DOCUMENTATION	BILLING WITH PROVIDER NUMBER (TYPE)	
			# OF UNITS PER DAY	# OF DAYS PER YEAR			CCS/ MEDI-CAL BENEFICIARY	CCS-ONLY BENEFICIARY
Comprehensive Team Case Conference, <u>Coordinator</u> , Non-Physician	Z4300	\$72.00 per case conference	1	12	X		Medi-Cal	CGP
Assessment, Evaluation, and/or Intervention, Registered Dietitian	Z4308	\$16.80 per half hour	4	12	X		Medi-Cal	CGP
Comprehensive Team Case Conference, <u>Participant</u> , Registered Dietitian	Z4312	\$8.40 per quarter hour	2	12		X ***	Medi-Cal	CGP
Group Teaching, Counseling and Support, Allied Healthcare Professionals	Z4314	\$13.37 per session	1	12		X ***	Medi-Cal	CGP
Telephone Consultation, Allied Healthcare Professionals	Z5406	\$8.40 per quarter hour	3	12		X ***	CGP	CGP

"Other Allied Healthcare Professionals" refers to physical therapists, occupational therapists, speech therapists/pathologists, and audiologists, unless otherwise specified.

*** Upon request, client chart documentation must be submitted to the CCS county or CMS Regional office.

**CCS OUTPATIENT CODES FOR
SPECIAL CARE CENTERS
HEALTH CARE PROVIDER: OTHER ALLIED HEALTHCARE PROFESSIONALS**
(PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS/PATHOLOGISTS, AUDIOLOGISTS)

TYPE OF SERVICE (PER CLIENT)	PROCEDURE CODE	RATE	FREQUENCY LIMITS		REPORT REQUIRED	CLIENT CHART DOCUMENTATION	BILLING WITH PROVIDER NUMBER (TYPE)	
			# OF UNITS PER DAY	# OF DAYS PER YEAR			CCS/ MEDI-CAL BENEFICIARY	CCS-ONLY BENEFICIARY
Comprehensive Team Case Conference, Coordinator , Non-Physician	Z4300	\$72.00 per case conference	1	12	X		Medi-Cal	CGP
Comprehensive Team Case Conference, Participant , Other Allied Healthcare Professionals	Z4302	\$8.40 per quarter hour	2	12		X ***	Medi-Cal	CGP
Group Teaching, Counseling, and Support, Allied Healthcare Professionals	Z4314	\$13.37 per session	1	12		X ***	Medi-Cal	CGP
Telephone Consultation, Allied Healthcare Professionals	Z5406	\$8.40 per quarter hour	3	12		X ***	CGP	CGP

Assessments, evaluations and/or interventions performed by physical therapists, occupational therapists, speech/language pathologists and/or audiologists should be billed utilizing the appropriate HCPCS codes.

Physical therapy: X3900 – X3936
Occupational therapy: X4100 – X4120
Speech/language pathology: X4300 – X4320
Audiology: X4500 – X4546 and Z5900 – Z5944

"Other Allied Healthcare Professionals" refers to physical therapists, occupational therapists, speech therapists/pathologists, and audiologists, unless otherwise specified.

*** Upon request. client chart documentation must be submitted to the CCS county or CMS Regional office.

CALIFORNIA CHILDREN'S SERVICES (CCS) SPECIAL CARE CENTER (SCC) OUTPATIENT PROCEDURE CODES UPDATE

OBSOLETE CCS SCC PROCEDURE CODES

NEW SCC CCS/EPSDT PROCEDURE CODES

Z5400	Z4300
Z5402	Z4301 Z4307 Z4308
Z5404	Z4302 Z4310 Z4311 Z4312
Z5426	Z4303
Z5427	Z4304
Z5428	Z4305
Z5434	Z4306

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CCS OUTPATIENT CODES FOR SPECIAL CARE CENTERS (SCC)
EXPLANATION OF SCC CODES

PHYSICIAN

Z4303	<p>Z4303 is utilized for development of an "intermediate level" chart review and preparation of the SCC team case conference report. Documentation in summary form shall be dated and maintained in the client's chart. A report consisting of a summary of the chart review and case conference team member's evaluations and recommendations shall be submitted to the authorizing CCS program.</p> <p>A SCC can only bill for one report (from either the Physician or Nurse Specialist) per patient per case conference.</p>
Z4304	<p>Z4304 is utilized for development of an "extensive, comprehensive level" chart review and preparation of the SCC team case conference report. Documentation in summary form shall be dated and maintained in the client's chart. A report consisting of a summary of the chart review and case conference team member's evaluations and recommendations shall be submitted to the authorizing CCS program.</p> <p>A SCC can only bill for one report (from either the Physician or Nurse Specialist) per patient per case conference.</p>
Z4305	<p>Z4305 is utilized for physician case conference coordination for the SCC comprehensive multidisciplinary team evaluation.</p> <p>A SCC can only bill for the time of <u>one</u> case conference coordinator per patient per day. (e.g., either Z4300 or Z4305). Also, a health care professional cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4306).</p>
Z4306	<p>Z4306 is utilized for physician/dentist participation in the SCC comprehensive team case conference. (Z4305 cannot be claimed in addition to Z4306 for the same patient on the same date of service.)</p>
Z4313	<p>Z4313 is utilized for physician leadership with group counseling, group teaching, or support group for the SCC client/family.</p> <p>A SCC can only bill for one leadership with group counseling, group teaching, or support group (from either the Physician [Z4313] or Other Allied Healthcare Professionals [Z4314]) per patient per session per day.</p>
Z4315	<p>Z4315 is utilized for the physician conference with the client, client's family, or both.</p>
Z5432	<p>Z5432 is utilized for telephone consultations.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Phone calls with client/family. • Phone calls with primary care physician or specialty consultants for coordination of medical care for complex conditions.

CCS OUTPATIENT CODES FOR SPECIAL CARE CENTERS (SCC)

EXPLANATION OF SCC CODES

NURSE SPECIALIST

Z4300	<p>Z4300 is utilized for <u>non-physician</u> case conference coordination for the SCC comprehensive multidisciplinary team evaluation.</p> <p>A SCC can only bill for the time of <u>one</u> case conference coordinator per patient per day. (e.g., either Z4300 or Z4305). Also, a nurse specialist cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4310).</p>
Z4301	<p>Z4301 is utilized for assessment, evaluation, and/or intervention by the nurse specialist.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Instructing client and/or family in use of medical interventions, such as injection, pumps, feeding tubes, suctioning, etc. • Assessment of client/family for ability to carry out complex treatment interventions that are customarily performed by nursing staff.
Z4303	<p>Z4303 is utilized for development of an "intermediate level" chart review and preparation of the SCC team case conference report. Documentation in summary form shall be dated and maintained in the client's chart. A report consisting of a summary of the chart review and case conference team member's evaluations and recommendations shall be submitted to the authorizing CCS program.</p> <p>A SCC can only bill for one report (from either the Physician or Nurse Specialist) per patient per case conference.</p>
Z4304	<p>Z4304 is utilized for development of an "extensive, comprehensive level" chart review and preparation of the SCC team case conference report. Documentation in summary form shall be dated and maintained in the client's chart. A report consisting of a summary of the chart review and case conference team member's evaluations and recommendations shall be submitted to the authorizing CCS program.</p> <p>A SCC can only bill for one report (from either the Physician or Nurse Specialist) per patient per case conference.</p>
Z4310	<p>Z4310 is utilized for nurse specialist participation in the SCC comprehensive team case conference. (Z4300 cannot be claimed in addition to Z4310 for the same patient on the same date of service.)</p>
Z4314	<p>Z4314 is utilized for nurse specialist leadership with group counseling, group teaching, or support groups for the SCC client/family.</p> <p>A SCC can only bill for one leadership with group counseling, group teaching, or support group (from either the Physician [Z4313] or Other Allied Healthcare Professionals [Z4314]) per patient per session per day.</p>
Z5406	<p>Z5406 is utilized for telephone consultations.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Phone calls with client/family. • Phone calls with SCC physician or specialty consultants for coordination of medical care for complex conditions.

CCS OUTPATIENT CODES FOR SPECIAL CARE CENTERS (SCC)
EXPLANATION OF SCC CODES

REGISTERED DIETITIAN

Z4300	<p>Z4300 is utilized for <u>non-physician</u> case conference coordination for the SCC comprehensive multidisciplinary team evaluation.</p> <p>A SCC can only bill for the time of <u>one</u> case conference coordinator per patient per day (i.e., either Z4300 or Z4305). Also, a registered dietitian cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4312).</p>
Z4308	<p>Z4308 is utilized for assessment, evaluation, and/or intervention by the registered dietitian.</p> <p>Examples:</p> <ul style="list-style-type: none">• Assessment of client/family for current dietary history and habits.• Development of individualized dietary plan prescribed by SCC physician.• Consultation with client/family regarding client's special diet and medical formulas/foods.
Z4312	<p>Z4312 is utilized for registered dietitian participation in the SCC comprehensive team case conference. (Z4300 cannot be claimed in addition to Z4312 for the same patient on the same date of service.)</p>
Z4314	<p>Z4314 is utilized for registered dietitian leadership with group counseling, group teaching, or support groups for the SCC client/family.</p> <p>A SCC can only bill for one leadership with group counseling, group teaching, or support group (from either the Physician [Z4313] or Other Allied Healthcare Professionals [Z4314]) per patient per session per day.</p>
Z5406	<p>Z5406 is utilized for telephone consultations.</p> <p>Examples:</p> <ul style="list-style-type: none">• Phone calls with client/family.• Phone calls for coordination of special dietary needs, such as calls to physicians, pharmacies, schools, etc.

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CCS OUTPATIENT CODES FOR SPECIAL CARE CENTERS (SCC)
EXPLANATION OF SCC CODES

SOCIAL WORKER

	<p>Z4300 is utilized for <u>non-physician</u> case conference coordination for the SCC comprehensive multidisciplinary team evaluation.</p> <p>A SCC can only bill for the time of <u>one</u> case conference coordinator per patient per day (i.e., either Z4300 or Z4305). Also, a social worker cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4311).</p>
Z4307	<p>Z4307 is utilized for assessment, evaluation, and/or intervention by the social worker.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Assessment of the client/family environment, such as housing. • Evaluation of the capacity of the client/family to participate in the planned medical interventions. • Counseling of the client/family to ensure appropriate health care of the client. • Referral of client/family to appropriate agencies as needed.
Z4311	<p>Z4311 is utilized for social worker participation in the SCC comprehensive team case conference. (Z4300 cannot be claimed in addition to Z4311 for the same patient on the same date of service.)</p>
Z4314	<p>Z4314 is utilized for social worker leadership with group counseling, group teaching, or support groups for the SCC client/family.</p> <p>A SCC can only bill for one leadership with group counseling, group teaching, or support group (from either the Physician [Z4313] or Other Allied Healthcare Professionals [Z4314]) per patient per session per day.</p>
Z5406	<p>Z5406 is utilized for telephone consultations.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Phone calls with client/family • Phone calls for referral of client to other agencies as appropriate in ensuring the health care of the client.

09/28/00

CCS OUTPATIENT CODES FOR SPECIAL CARE CENTERS (SCC)
EXPLANATION OF SCC CODES

OTHER ALLIED HEALTHCARE PROFESSIONALS
(PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS,
SPEECH THERAPISTS/PATHOLOGISTS, AUDIOLOGISTS)

Z4300	<p>Z4300 is utilized for non-physician case conference coordination for the SCC comprehensive multidisciplinary team evaluation.</p> <p>A SCC can only bill for the time of <u>one</u> case conference coordinator per patient per day (i.e., either Z4300 or Z4305). Also, an allied healthcare professional cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4302).</p>
Z4302	<p>Z4302 is utilized for other allied healthcare professionals participation in the SCC comprehensive team case conference. (Z4300 cannot be claimed in addition to Z4302 for the same patient on the same date of service.)</p>
Z4314	<p>Z4314 is utilized for other allied healthcare professional's leadership with group counseling, group teaching, or support groups for the SCC client/family.</p> <p>A SCC can only bill for one leadership with group counseling, group teaching, or support group (from either the Physician [Z4313] or Other Allied Healthcare Professionals [Z4314]) per patient per session per day.</p>
	<p>Z5406 is utilized for telephone consultations.</p> <p>Examples:</p> <ul style="list-style-type: none">• Phone calls with client/family.• Phone calls with SCC physician and others for coordination of medical care specific to the discipline of the allied healthcare professional.

NOTE: Assessments, evaluations and/or interventions performed by physical therapists, occupational therapists, speech/language pathologists and/or audiologists should be billed using the appropriate HCPCS codes.

Physical therapy: X3900-X3936
Occupational therapy: X4100-X4120
Speech/language pathology: X4300-X4320
Audiology: X4500-X4546 and Z5900-Z5944

09/28/00